

BERRY (H.S.D.)  
IRRIGATION IN

**Diseases OF THE Male Urethra**

— BY —

**H. S. D. BERRY, M. D.,**

Professor of Gynæcology and Diseases of the Genito-Urinary Organs in the  
American Medical College, St. Louis, Mo.



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# • • IRRIGATION • •

— IN —

## DISEASES OF THE MALE URETHRA.

One of the most important class of diseases we are called upon to treat, and one less understood by the general practitioner, is that of diseases of the male urethra. Nearly all discharges from the urethra are diagnosed as gonorrhœa and treated by injections and stimulating diuretics. We are often told by patients that they have had gonorrhœa a dozen or more times, and do not mind it more than an ordinary cold; that it is frequently brought on by whites in the opposite sex. Of course we understand these attacks to be due to a badly managed case of gonorrhœa (generally first attack), the sequelæ being stricture, either organic or spasmotic, folliculitis, with or without ulceration of mucous membrane lining the urethra, etc. It is a duty we owe our patients to prevent those complications following gonorrhœa. This is not an easy matter to do, owing to the fact that the young man who contracts gonorrhœa for the first time usually has a friend or acquaintance who has had experience, and he tells him that it amounts to nothing, and either gives him a prescription that is a "dead shot" or recommends him to the physician who treated him in the last supposed attack, warning him not to consult the physician who treated him first, which was the only time that he had true gonorrhœa. I am, and have been since I began the practice of medicine, a warm advocate of urethral injections for the cure of gonorrhœa, and have been very careful to not use a wash of sufficient strength to cause pain. I do not approve of the abortive treatment, and it is an open question whether gonorrhœa can be aborted during the increasing stage; but there is no question as to the injury done to the urethra in the attempt to abort the disease, whether it be done by irritating injections or stimulating diuretics. I have for the past five months been treating gonorrhœa and urethritis with Lindenschmidt's Urethral Irrigator, with better results than I had thought possible. I had been using a small Jaques' catheter for the same purpose for two years. The solution used was forced into the bladder (especially if there was much congestion of urethra anterior to eye of catheter) in several cases, causing irritation of prostate and neck of bladder, the former being bruised by the circular fibers contracting upon it in the effort to expel a few drops

remaining in the sinuses. This has not occurred in either of the forty-two cases of urethral diseases treated with Lindenschmidt's irrigator. My method is as follows: Fill a two-pint fountain syringe with a mild solution of Permanganate of Potash, Bichloride of Mercury, Sulphate of Zinc, or any other solution that I think best adapted to the case; attach to the irrigator; suspend syringe about four feet above chair occupied by patient to be operated upon; allow water to flow while irrigating tube is introduced to prevent air entering urethra, and dilate canal by the force of water as nozzle enters. I usually pass the nozzle back to bulbous portion, never to the membranous. The water is allowed to flow until a pint or quart of the fluid is used, receiving the return flow in a vessel through a large funnel attached to side of operating chair. Of the forty-two cases treated by the irrigator, only four were uncomplicated cases of gonorrhœa, all being first attacks: one case run twenty days, one seventeen days, one fifteen days, and one thirteen days. To one of less experience this result may not look flattering, but when I say that four-fifths of the urethral discharges that have come under my observation are simple urethritis or some complication of a previous gonorrhœa, and that a large majority of first attacks do not remain with the first physician consulted for the simple reason that he expects to get well in a week, I am giving the verdict of the leading specialists. Keyes (Revision of Van Buron & Keyes) says, page 63: "The duration of gonorrhœa is variable. A well-managed case lasts from three to six weeks, as a rule, but the discharge may continue for months or even years." A first gonorrhœa is the most severe, but it is also the most certain to get perfectly well if carefully managed. In the cases of simple urethritis, two or three irrigations with proper urethral hygiene generally relieves the patient. They pay willingly and are perfectly satisfied. In folliculitis I use the urethral endoscope, make a direct application, and irrigate afterwards. For strictures I usually dilate, and use irrigator on alternate days, unless inflammation supervenes. In conclusion, will say that in my hands the urethral irrigator has given better results in all urethral discharges than any other method that I have heretofore tried for the purpose of cleansing or medicating the canal.

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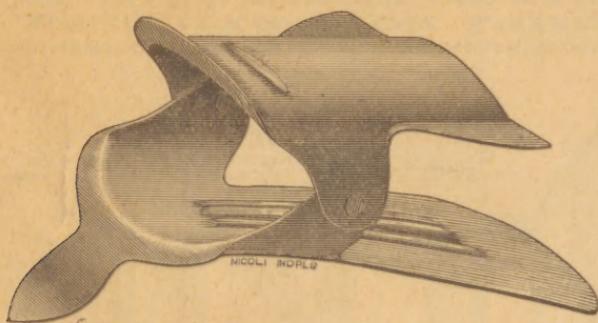
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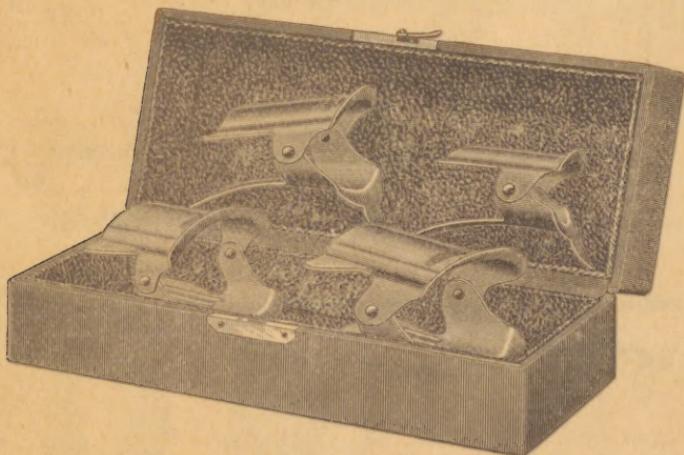
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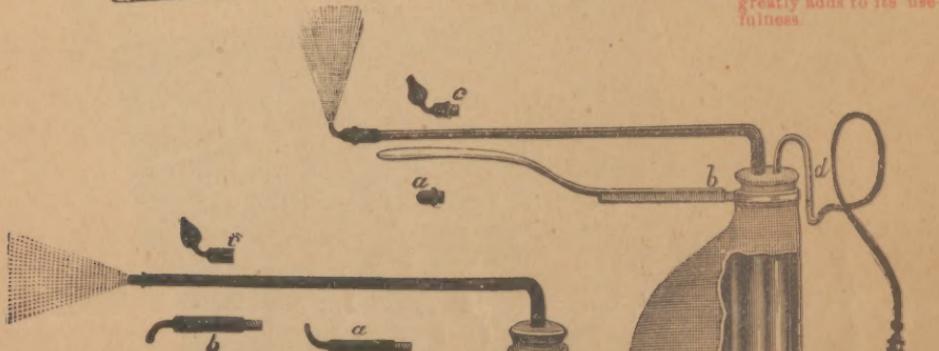
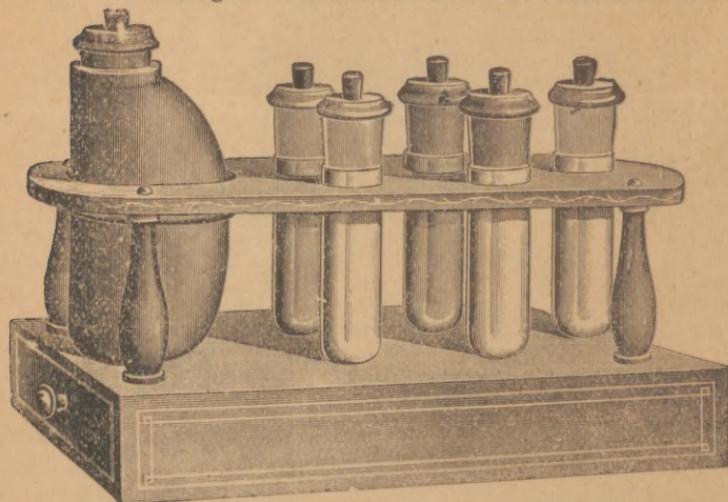


Fig. 1.

Represents the apparatus as a one-handed atomizer showing the straight, nasal, and post-nasal tips.



Fig. 2.

Represents the apparatus with attachable tongue depressor and attachment for making the best continuous spray on the market, with instantaneous cut off. This style is especially adapted for post-nares and laryngeal applications.

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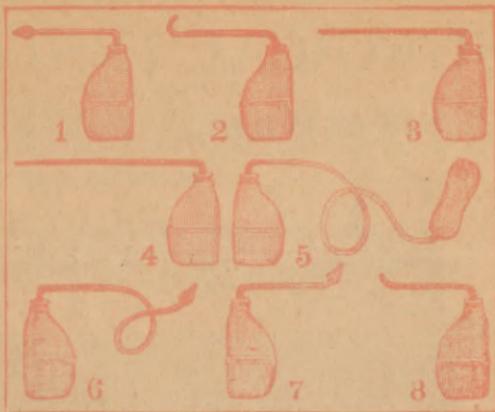
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Fig. 3,

Represents the apparatus with powder tube and adjustable tips.



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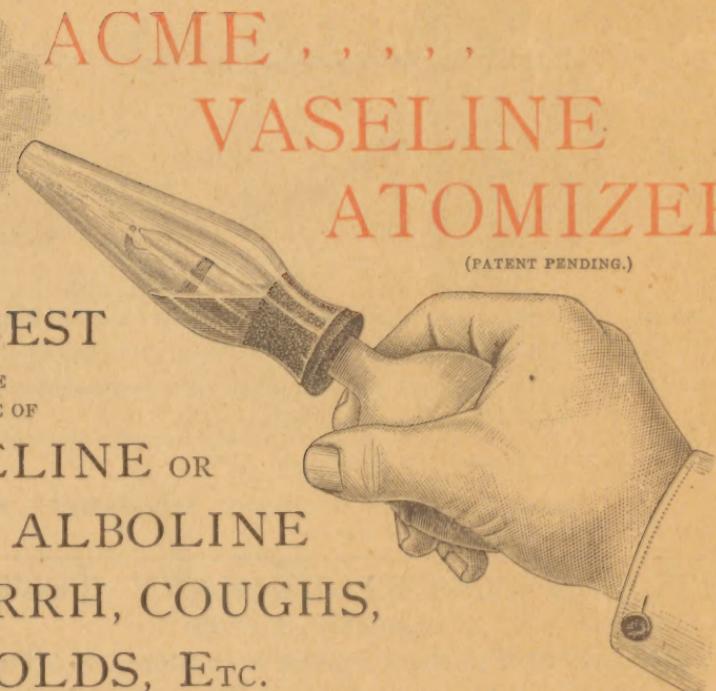
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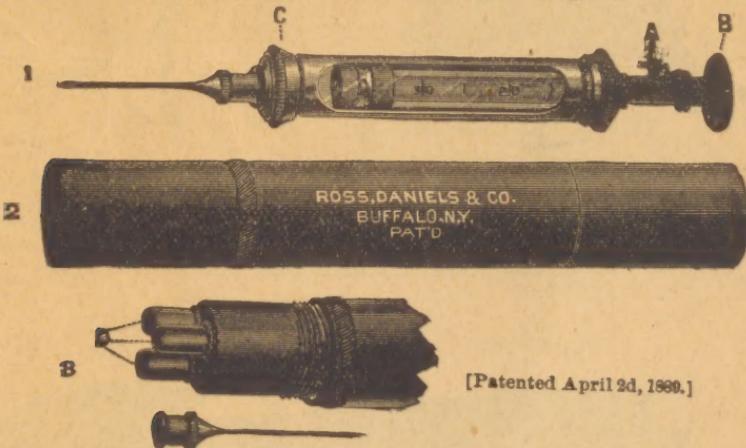
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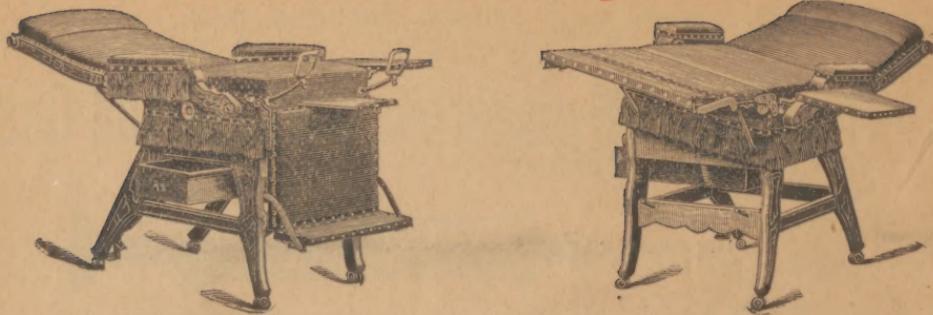
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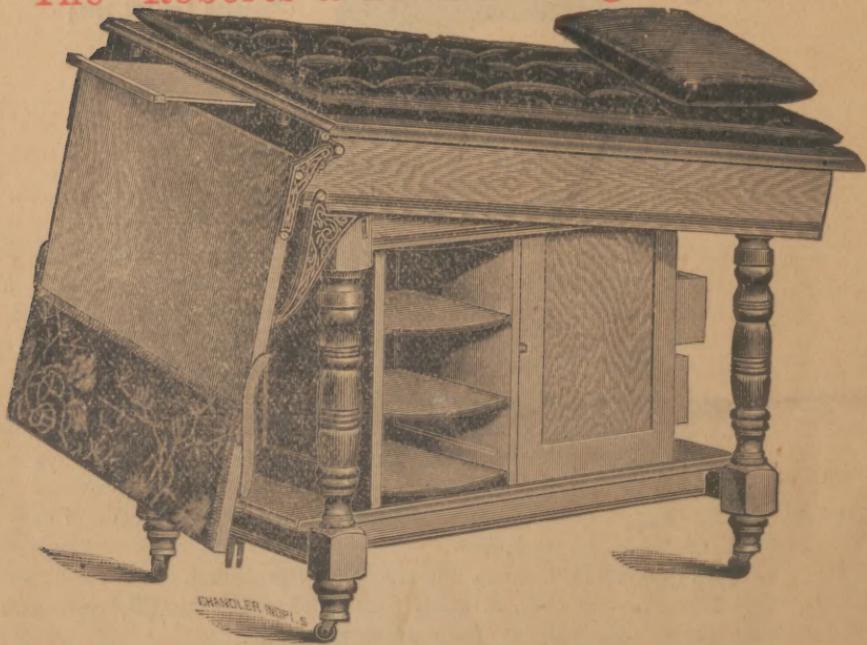
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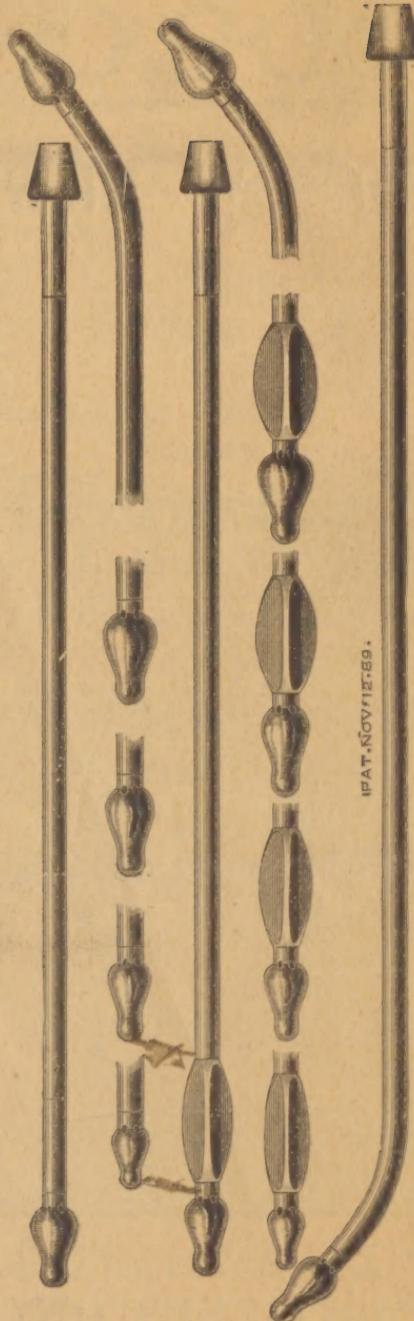
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